

Dear Judge Abrams,

I am writing this letter so you can get to know me better and understand my character, personality, moral principles and personal ethical values that directed my professional and personal life.

I learned altruism and justice from my family in Poland and in the USA. My great-grandmother Justyna risked her life hiding a Jewish family in the basement of her home during World War II. She risked hers and her family lives to save people whom she used to work for prior to the War. Her heroism and humanism were recognized by the Israel government with an award of the medal of "Just Among the Nations".

My parents were always ready to help others and our home was full of kids of who needed company and often something to eat. We were not rich, rather a struggling middle class family, but there was always a room for additional person at our family table during meals and holidays. My mom and my great-grandma had huge hearts; they shaped my zeal to help people. My mom was a sought after educator and she often volunteered to help the student who had issues due to prolonged illness by teaching them at home after hours.

My favorite book in school was a true story about Dr. Janusz Korczak. Dr. Korczak was a Jewish pediatrician who run an orphanage and gave up his life by walking with "his" orphans into the gas chamber even though the Polish resistance paid the German soldiers to let him escape. He decided that he can't abandon the kids and teens who had nobody but him.

At the age of twelve I decided that I want to become a doctor seeing how my best-friend father, also a pediatrician, was never counting the money the parents paid him to treat their children at home. I admired this man's altruism and generosity; he treated

even the poorest of the kids. His name was Dr. Maj and he was known and loved in our city.

I studied hard through my schools and I was on the top of the national Medical Entrance Exam and I entered into the Medical School in Lodz, Poland. I had to leave my family and moved far away to study medicine but I was following my calling. These were tough times as Poland was under the Communism regime with shortages of food, gas and basic supplies. I often ate stale bread and cottage cheese for dinner to stretch my stipend.

The dire financial situation didn't deter me from volunteering in the Church as a Youth Leader. I met my former wife, Ursula, through the Bible study.

Moved by love for an orphaned boy whom we were taking care of during our surgical rotation, I offered him a shelter after his discharge from the hospital. In early 1990s the social support for orphans and elderly was in disarray in Poland. Soon I became foster father for this boy who had nowhere to go. For the last three years of my medical school I took care of Tomasz, my foster son's name, and I took care of him financially for few years after. Tomasz has now his own family and his own adult children.

In Polish culture we call both the blood and non-blood related relatives and extended family as "aunts", "uncles", "brothers" and "sisters". My Polish-American family understood my ideals as they themselves helped many people and orphans in Poland. During eighties and nineties my aunt, Daniela Wojcik, sponsored few dozens of Polish dissidents and their families to legally immigrate to the USA and she was recognized for her humanitarian work by the US Department of State. To the end of her life she was supporting orphanages in Poland and then in Ukraine. So here again I had an amazing women in my family who sacrificed their own resources and opened their houses to people in need. I always knew that when I start to make money as a physician I want to follow the the path

of compassion and self-sacrifice so cherished by the women in my family.

After legally immigrating to the USA in 1993 I chose urology as it is a surgical specialty where the doctors care for the patients of different ages over many years. After graduating from urology residency I ran the urogynecology practice within urological Department at Oregon Health Science University, Portland, OR.

Upon advice of my mentor Dr. Eugene Fuchs I did an additional two years of fellowship training in male infertility and sexual medicine at Weill Cornell Medical College in NYC. As a clinician-researcher with MD and PhD degrees I was offered a clinical and research position as an assistant professor of urology and reproductive medicine at Weill Cornell/New York Presbyterian Hospital in 2005. I then was promoted to associate professor, Director of Sexual Health and Medicine, fellowship research director, and finally Herbert Johnson endowed associate professor of reproductive medicine.

In my clinical career I focused on preservation of fertility in teenagers and young men with genetic conditions and cancer as well as uncovering reasons for anorgasmia and un-ejaculation in men. The areas poorly understood twenty years ago.

For most of us the ability to have children seem inherited right like justice, freedom etc. But one in ten couples in the USA suffer from infertility. Men are called sterile when no sperm can be found in their semen. Klinefelter syndrome (KS); presence of additional X chromosome; is a the most common chromosomal (genetic) abnormality among the men with 1:500 to 1:800 men affected in general population. It is a leading cause of genetic sterility in men. However, the research performed at Weill Cornell and few other centers in the world showed that the sperm may be found in 25 to 30 % of adult men with KS if treated early. I and my fellows showed

that all boys with KS are capable to produce sperm but they lose its capacity early during puberty. I published my data that showed if we operate on adolescents and young men with KS early we can find sperm in 70% of patients. We then can preserve the sperm so it can be used for future fertility.

Despite initial doubts from the medical community I saw more and more patients with KS every week. Most of them were teenagers brought by their parents to preserve their fertility but also to manage their testosterone and help them with physical development. I saw their potential. I also saw the pain in their families being misunderstood by medical community and often marginalized. I treated my patients and their families like my own family. I gave my cell phone number to every patient I operated on so they or their families had a way to contact me any time.

I gave my heart and my soul to helping people as I always wanted to do. I started giving talks at national conferences to change the stigma of genetic disease and to advance research. I can say that my work resulted in many Klinefelter center development in the US and the Europe. I believe that most of my colleagues consider me a pioneer in the care of teenager and young men with the KS. Many urologists were not willing to care for these patients as they require life-long care and commitment with regular visits to refill their DEA controlled medications. When they are adolescents, we have to check their semen samples often to decide if we have to perform a complex surgery to retrieve the sperm from the testes or if we can find the sperm in the ejaculate.

Dealing with adolescents and reproduction requires expertise, patients, and believe in advancing the clinical care. I always believed that the tears of joy on mother's face when I was telling the parents that they will be grandparents as we found sperm in their son's testes was the best reward for any backlash and strange

looks I sometimes sensed from the general urologists who were not experts in preservation of fertility.

As my reputation in the field increased, I started to see mostly adolescents and young adults with difficult reproductive and sexual problems like lack of orgasm or ejaculation, and sexual dysfunction. I also started a summer research program for high school seniors with learning disabilities and/or difficult urological issues to help them to get to college.

Approximately ten percent of males can't achieve orgasm. I saw many wives who suspected that their husbands are cheating on them or that they are unattractive as their husbands for unknown reason can't achieve orgasm within expected time. Such conditions are very disturbing to the couple's intimacy. I started to study the possible reasons for such conditions and under IRB approved research.

Your Honor, what I do in sexual medicine and reproductive medicine was always to help the patients with the difficult problems. To help people whom other doctors couldn't help. I had patients coming from all the country and abroad because both the referring doctors and the patients knew that I will leave no stones unturned - I will do everything I can to help. I love helping people. I am a loving and honest person. I helped many of my family members in need and even people I didn't know.

I have tried to make the most of my time at MDC. I have taken classes and the documents showing them I believe have been sent to the Court. I stated a bible group and have volunteered as possible. I also worked on suicide watch where I am responsible to keep eyes on people as deemed necessary by the MDC. I sit on a folding chair and watch them through a small window or outside their cell.

As I told the probation officer at my interview, the conditions at MDC are just like what Your Honor has probably

already heard and been told. They are very harsh. Basic living needs like showers, edible food, the need to not be in solitary or on lockdown, and general living conditions are below what you would expect to be provided. Basic sanitation like a shower is hard to come by especially when we are lockdown. I lost 50 pounds since I entered MDC. The food is barely edible.

Please I ask the court for mercy, to restore me as soon as possible to my son who is federally qualified special needs child so I can help him with school and help him grow without any additional trauma in his life. I understand that the Court is required to give me at least 10 years in prison. I ask that the Court add as little time to that as you see fit.

I thank you for your time reading this letter.

A handwritten signature in black ink, reading "Dan A. Paduch". The signature is written in a cursive, flowing style.